



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

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Applicant: John C. Salerno

Serial No.: 09/398,405 Group Art Unit: 1642

Filed: September 16, 1999 Examiner: K. Canella

Confirmation No.: 1062

For: ACTIVATORS OF ENDOTHELIAL NITRIC OXIDE SYNTHASE

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
on <u>1/30/03</u>	<u>Christina McSweeney</u>
Date	Signature
<u>Christina McSweeney</u>	
Typed or printed name of person signing certificate	

#19  
KS  
2-2/03

Assistant Commissioner for Patents  
Box AF  
P.O. Box 2327  
Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated July 30, 2002 of the Primary Examiner finally rejecting claims 32 and 49. The item(s) checked below are appropriate:

- ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [ ] for [ ] month(s) from [ ] to [ ].
- ☒ A one month extension of time to respond to the Office Action Made Final dated July 30, 2002 was filed on October 30, 2002 with payment of a \$55.00 fee.  
☒ Applicant hereby petitions for an additional two month extension of time to respond to the Office Action Made Final.
- ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

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## 4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for <input type="checkbox"/> months	\$	_____
<input checked="" type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension (3 mo.)	\$	465
	Less fee paid (1 mo.)	- \$	55
	Balance of fee due	\$	410
<input checked="" type="checkbox"/>	Notice of Appeal	\$	160
<input type="checkbox"/>	Other _____	\$	_____
	TOTAL	\$	570

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$570.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

*David C. Brock, R.N. 22592*

By *for Elizabeth W. Mata*  
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Date: *1/30/03*